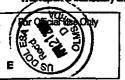
U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 658	
<del></del>	2. Fiscal Year Covered From
	7/7/05 Through. Q/3//05
3 Name and address of person filing	4 Name file number and address of labor organization.
Name ANTHONY V MIRARCHI	Name BAC LOCAL #5 /A
	Labor Organization File Number 537853
PO Box, Bidg., Room No., if any	P O Box, Building and Room Number if any
Street 2349 CYPRESS DR	Street 2/63 BERRYANI ST
Chy Harrisburg	City HARRISBURG
State P4 ZIP Code +4 /7//0	State PA ZIP Code +4 /7/04
	State PA LIF COLD 14 [1770]
5. Position in labor organization. FiELO ROPRESENTATIVE / APROX	STICE COLDINATOR
monetary value from an employer whose employees your organizate  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any:  P O Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizat  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any	ion represents or is actively seeking to represent.
monetary value from an employer whose employees your organizat  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizate  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.

arne of Person Filing	File Number U-	
B Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or off of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	nerwise dealing with the business ictively seeking to represent, or indirectly to or otherwise	
8. Name and address of Business (including trade name, if any).	9 Business deals with.	
Name FATERNATIONAL MASONRY FINSTITOTE		
Trade Name, if any	a. Labor Organization	
O Box, Bldg Room No If any	b. Trust	
Street 42 EAST STREET		
ANNAPOLIS		
State MARY I AND ZIP Code + 4 2/40/		
10. If 9 b. or 9.c. is checked give trust or employer's name.	11 a Nature of such dealing	
tame	CONTRIBUTION TO EMPLOYEE BENEAT TO	257
rade Name if any	Funo	
O. Box, Bldg. Room No. if any	]	
Street	11 b Approximate dollar value of such dealing 7, 257, 100	
City	12.a. Nature of interest held or income received	
zie ZiP Code + 4	EDUCATION REIMBURSEMENT	
	12.b. Amount. 649. 35	
Received from any employer (other than an employer covered un r from any labor relations consultant to an employer any payment of mon	der parts A and B above) ey or other thing of value	
Name and address of Employer or Labor Relations Consultant (including trade name if any).	14.a. Nature of payment.	
Name		
Trade Name If any	- 1	
P.O Box, Bldg., Room No., If any		
Street		
City		
State ZIP Code + 4		
	14 b Amount of payment.	
13 b is the Business an Employer or Consultant?		